



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

CORRIDOR MEDICAL CLINIC
1348 HIGHWAY 123 SOUTH SUITE A
SAN MARCOS TEXAS 78666

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

TRAVELERS INDEMNITY CO

Carrier's Austin Representative Box

Box Number 05

MFDR Tracking Number

M4-11-3607-01

MFDR Date Received

June 17, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On date of service (DOS) 3/1/11 our patient was prescribed Tramadol, which is a pain reliever with common side effects of drowsiness and dizziness. One of the restrictions on the work status report for that DOS was to take the prescribed medication while at work, which could possibly interfere with normal work activities. On the disputed DOS, 3/8/11, our provider removed the patient from the prescriptions. By doing this, the patient is now able to do more, strenuous, work related duties without being a hazard risk to themselves and other employees of the company. Thereby creating a substantial change in work status restrictions. Attached to this letter are copies of the work status reports and medical notes from the two DOS backing our statement."

Amount in Dispute: \$15.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "In support of that statement, the Provider points out that, as of the 03-08-0011 evaluation, the Claimant no longer had to take prescription medication while at work. This did not change the Claimant's work status. As documented by the DWC-73 dated 03-03-2011, the Claimant's restrictions were (1) specific to the right hand/wrist, (2) may not lift or carry more than 10 pounds, and (3) must wear a splint/cast at work. In the DWC-73 dated 03-08-2011, the work restrictions are identical. The sole change is that the Claimant no longer needs to take medication while at work. The Provider argues this is a substantial change in the Claimant's work status due to the potential that the medication could interfere with the Claimant's normal work activities. On the DWC-73 dated 03-01-2011, however, there are no restrictions documented that the medication may interfere with the Claimant's normal work activities. This argument is without merit, and the Provider is not entitled to reimbursement for the duplicitous DWC-73 a week later."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 8, 2011	99080-73	\$15.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §129.5 sets out the procedure for the work status report.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- W1 – Work Comp state fee schedule adjustment. Reimbursement for a work status report (Code 99080-73) is limited to one report every two weeks.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly. After carefully reviewing the resubmitted invoice, additional reimbursement is not justified.

Issues

1. Did the requestor complete the DWC-73 in the form and manner prescribed by §129.5?
2. Is the requestor entitled to reimbursement?

Findings

1. Review of the DWC-73 work status report revealed that the requestor did not meet the documentation requirements for completing the DWC-73. The DWC-73 does not document a change in the injured employee's work status. In addition, the DWC-73 was not completed in the form and manner prescribed by §129.5.
2. Pursuant to §129.5 (b)(4), the doctor shall file a Work Status Report in the form and manner prescribed by the Commission and include an explanation of how the employee's workers' compensation injury prevents the employee from returning to work (if the doctor believes that the employee is prevented from returning to work).
3. The DWC-73 work status report does not sufficiently meet the requirements set out in 28 Texas Administrative Code §129.5. As a result, reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 12, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.